BETHEL CENTER 8014 BETHEL RD

ARPIN 54410 Phone: (715) 652-2103	}	Ownership:	Nonprofit Limited Liability Company
Operated from 1/1 To 12/31 Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/04):	111	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	111	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	110	Average Daily Census:	108

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	12/31/04)	Length of Stay (12/31/04)	%
Home Health Care Supp. Home Care-Personal Care	No No	 Primary Diagnosis 	8	Age Groups	%	 Less Than 1 Year 1 - 4 Years	36.4 38.2
Supp. Home Care-Household Services	No	Developmental Disabilities	1.8	Under 65	1.8	More Than 4 Years	25.5
Day Services	No	Mental Illness (Org./Psy)	15.5	65 - 74	8.2	İ	
Respite Care	No	Mental Illness (Other)	25.5	75 - 84	28.2		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	56.4	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	5.5	Full-Time Equivalent	
Congregate Meals	No	Cancer	1.8			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	6.4		100.0	(12/31/04)	
Other Meals	No	Cardiovascular	10.0	65 & Over	98.2		
Transportation	No	Cerebrovascular	10.9			RNs	12.8
Referral Service	No	Diabetes	3.6	Gender	%	LPNs	4.5
Other Services	No	Respiratory	0.9			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	23.6	Male	36.4	Aides, & Orderlies	46.8
Mentally Ill	No			Female	63.6		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		
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Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay	<u>:</u>		amily Care		I	Managed Care	l 		
Level of Care	No.	્રે	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	્રે	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	૪	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	14	100.0	308	63	91.3	116	0	0.0	0	24	100.0	160	0	0.0	0	3	100.0	140	104	94.5
Intermediate				6	8.7	97	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	5.5
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	14	100.0		69	100.0		0	0.0		24	100.0		0	0.0		3	100.0		110	100.0

BETHEL CENTER

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/04
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	6.7	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	1.9	Bathing	2.7		75.5	21.8	110
Other Nursing Homes	3.8	Dressing	12.7		76.4	10.9	110
Acute Care Hospitals	82.9	Transferring	34.5		55.5	10.0	110
Psych. HospMR/DD Facilities	0.0	Toilet Use	20.9		60.9	18.2	110
Rehabilitation Hospitals	1.0	Eating	72.7		15.5	11.8	110
Other Locations	3.8	******	******	*****	******	******	*****
otal Number of Admissions	105	Continence		%	Special Treatmen	ts	%
ercent Discharges To:		Indwelling Or Extern	al Catheter	11.8	Receiving Resp	iratory Care	6.4
Private Home/No Home Health	24.5	Occ/Freq. Incontiner	nt of Bladder	39.1	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	14.7	Occ/Freq. Incontiner	nt of Bowel	20.9	Receiving Suct	ioning	0.0
Other Nursing Homes	4.9	_			Receiving Osto	my Care	0.9
Acute Care Hospitals	16.7	Mobility			Receiving Tube	-	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	6.4	Receiving Mech	anically Altered Diets	50.0
Rehabilitation Hospitals	0.0				3	•	
Other Locations	8.8	Skin Care			Other Resident C	haracteristics	
Deaths	30.4	With Pressure Sores		0.9	Have Advance D	irectives	70.0
otal Number of Discharges		With Rashes		9.1	Medications		
(Including Deaths)	102					hoactive Drugs	63.6

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

*************	*****		******* ership:		******** Size:		******** ensure:	*****	******
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	Facility	-	Group		Group		Group		lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	97.3	94.4	1.03	86.9	1.12	87.7	1.11	88.8	1.10
Current Residents from In-County	91.8	77.1	1.19	80.4	1.14	70.1	1.31	77.4	1.19
Admissions from In-County, Still Residing	35.2	24.2	1.45	23.2	1.52	21.3	1.65	19.4	1.82
Admissions/Average Daily Census	97.2	115.9	0.84	122.8	0.79	116.7	0.83	146.5	0.66
Discharges/Average Daily Census	94.4	115.5	0.82	125.2	0.75	117.9	0.80	148.0	0.64
Discharges To Private Residence/Average Daily Census	37.0	46.1	0.80	54.7	0.68	49.0	0.76	66.9	0.55
Residents Receiving Skilled Care	94.5	97.0	0.98	96.9	0.98	93.5	1.01	89.9	1.05
Residents Aged 65 and Older	98.2	97.0	1.01	92.2	1.06	92.7	1.06	87.9	1.12
Title 19 (Medicaid) Funded Residents	62.7	64.4	0.97	67.9	0.92	68.9	0.91	66.1	0.95
Private Pay Funded Residents	21.8	24.7	0.88	18.8	1.16	19.5	1.12	20.6	1.06
Developmentally Disabled Residents	1.8	0.5	3.59	0.6	2.90	0.5	3.69	6.0	0.30
Mentally Ill Residents	40.9	35.9	1.14	37.7	1.09	36.0	1.14	33.6	1.22
General Medical Service Residents	23.6	24.7	0.96	25.4	0.93	25.3	0.93	21.1	1.12
Impaired ADL (Mean)	43.3	50.8	0.85	49.7	0.87	48.1	0.90	49.4	0.88
Psychological Problems	63.6	59.4	1.07	62.2	1.02	61.7	1.03	57.7	1.10
Nursing Care Required (Mean)	8.4	6.8	1.24	7.5	1.12	7.2	1.17	7.4	1.13